## MILITARY DEPARTMENT STATE REQUISITION FORM

TRACKING #: (To be completed		Funding Code (XX	Month (XX)	Day (XX)	Year (XXXX)	Hour (XX)	Minute (XX)	
by Requestor)			3	22	2023	10	33	
UPLOAD ALL REQUISITONS TO:								
		Procurement Tracking Form						
Facility & Ad	dress for ser	vices or						
commodities to be delivered								
(including Contact on Site name)								
PERSON COMPLETING				PHONE:				
THE REQUISITION:			EMAIL:					
CONTRACT MANAGER:			PHONE:					
FMO#		STATEWIDE/Co	EMAIL:	ICV PRO#				
MIL PO #		D50P	31ATEWIDE/C		D50B			
MIL Requisition # D50R				eeded for De	livery or Con	tract Start:		
in a resource		DOUR		Date II			tradi Otari.	
	STATE		FEDERAL		OTHER	WO#		
QTY	U/M	U/M DESCRIPTION				•	Cost per U/M	EST. AMOUNT
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
							\$0.00 \$0.00	
								\$0.00
			Freight Estimate (Zero if not needed)					\$0.00
			Total (Page 1)					\$0.00
			Total (Page 2)					\$0.00
			Total					\$0.00
	Agency	ST/FY	PCA	AOBJ	AMSCO MDEP		Total of Funding	
State	D50							\$0.00
Federal	D50							\$0.00
Other	D50							\$0.00
Grant #			GRAND TOTAL of REQUEST				\$0.00	
SUGGESTED VENDOR					Dept Budget Approval		Facility/Dept Head Approval	
ADDRESS:					NAME:		NAME:	
City/ST/ZIP PHONE:					TITLE:		TITLE:	
EMAIL:					DATE:		DATE:	
CONTACT:								
MOBILE #: FEIN:					SIGNATURE:		SIGNATURE:	
	AL FISCAL &		AM STATE	M STATE PROGRAM APPR		STATE FISCAL APPROVAL		
APPROVAL NAME:			NAME:	NAME:		NAME:		
TITLE:			TITLE:	TITLE:		TITLE:		
DATE:			DATE:			DATE:		
SIGNATURE:			SIGNATU	SIGNATURE:		SIGNATURE:		
			1			1		

NOTES: All purchase orders will be for current Fiscal Year funds and will expire on June 30th of the year All service contract requests should be for 3 years or the duration the need will exist